

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 2 — 0 1

2. STATE:

West Virginia

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☒ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☐ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR §436.832(c)(4)

7. FEDERAL BUDGET IMPACT:

a. FFY -0- \$ -0- *
b. FFY -0- \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 3 to ATTACHMENT 2.6-A
Page 19. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):* Projected savings \$750,000 FFP in first 12 months.
Potential beneficiaries affected 11,000

10. SUBJECT OF AMENDMENT:

Reasonable limits on amounts for necessary medical or remedial care not
covered under Medicaid.

11. GOVERNOR'S REVIEW (Check One):

- ☒
- GOVERNOR'S OFFICE REPORTED NO COMMENT
-
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
-
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Nancy V. Atkins, MSN, RNC, NP

14. TITLE:

Commissioner

15. DATE SUBMITTED:

July 19, 2002

16. RETURN TO:

Nancy V. Atkins, MSN, RNC, NP
Commissioner
Bureau for Medical Services
350 Capitol Street, Room 251
Charleston, WV 25301-3706**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

7/22/02

18. DATE APPROVED:

FEB 28 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

7/1/02

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

MARY T. MCSORLEY

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR
DIVISION OF MEDICAID & CHILDREN'S HEALTH

23. REMARKS:

Reasonable Limits on Amounts for Necessary Medical or Remedial Care Not Covered Under Medicaid

The Medicaid Agency meets the requirements of 42 C.F.R. §435.725 and §435.832 and §1924 of the Social Security Act in that the agency will deduct amounts for incurred expenses for medical or remedial care that are not subject to payment by a third party, including necessary medical or remedial care recognized under State law but not covered under the State's Medicaid plan subject to reasonable limits as follows:

All remedial care or items, that are not covered by Medicaid but recognized under State law, must be prescribed by a physician, dentist, podiatrist or other practitioner with prescribing authority pursuant to West Virginia law. An annual maximum of \$300 may be deducted for eye examination and eyeglasses. Only two pair of eyeglasses will be permitted per year unless medical necessity is established for additional glasses. An annual maximum of \$3,000 per year may be deducted for dentures unless medical necessity is established for additional dentures. An annual maximum of \$1,500 for hearing aids may be deducted unless medical necessity is established for additional hearings aids. These annual maximums will be updated yearly for inflation utilizing the Consumer Price Index. Other items and services not herein enumerated must be medically necessary for the health and welfare of the recipient. The above listed items and services not covered under the State Plan, which were provided in the month of application and the three month time period prior to the month of application for Medicaid for nursing facility services, may be claimed as remedial medical expenses as well as current payments on old bills.

TN No. 02-01
Supersedes
TN No. NEW

Approval Date FEB 28 2003

Effective Date 7/1/02